APPLICANT
* See Privacy Act Notice on Back
FD-258 (REV.12-10-07)

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM | FIRST NAME | MIDDLE NAME
IVENS, STEPHEN RYAN

FBI LEAVE BLANK

COPY

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ | SEX | RACE | HGT. | WGT. | EYES | HAIR | PLACE OF BIRTH POB

DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

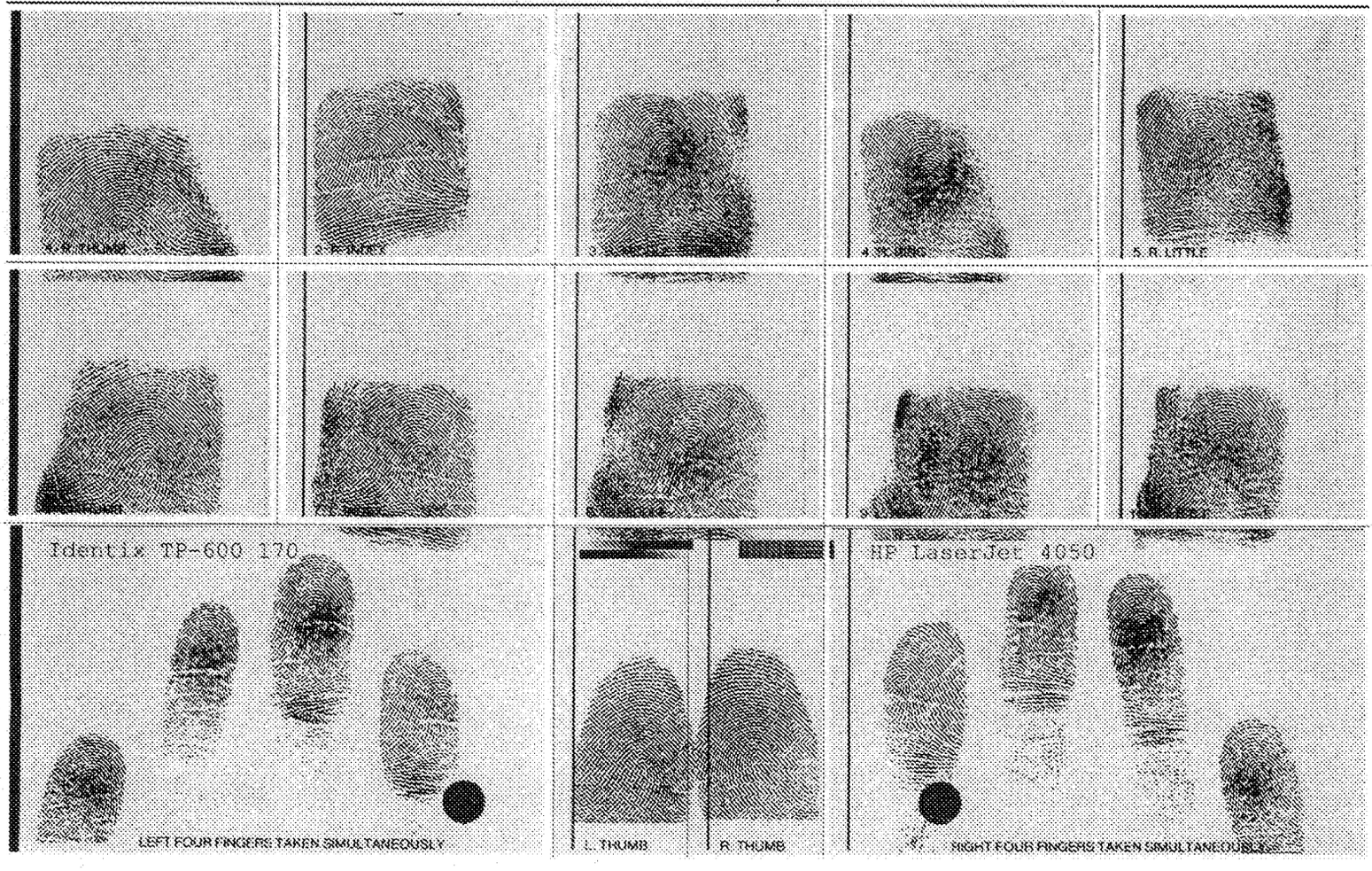
FBI NO. FBI

CLASS

REF.

ARMED FORCES NO. MIL

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU